

SOS APA Form 001  
Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME: <i>MS Department of Human Services</i>	CONTACT PERSON: <i>Earl Scales</i>	TELEPHONE NUMBER: <i>601-359-4237</i>
ADDRESS: <i>750 North State Street</i>	CITY: <i>Jackson</i>	STATE: <i>MS</i> ZIP: <i>39202</i>
EMAIL: <i>ESCAL@ago.state.ms.us</i>	SUBMIT DATE <i>5/29/13</i>	Name or number of rule(s): <i>Title 18: Part 6: Chapter 1: Section F, Licensure</i>

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Proposed Amendment to existing rule(s).

Specific legal authority authorizing the promulgation of rule: Miss. Code ann. § 43-15-5(1); 43-15-3; 43-15-13(2); 63-7-301; and 43-15-13(6)

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

\_\_\_\_ Original filing  
\_\_\_\_ Renewal of effectiveness  
To be in effect in \_\_\_\_\_ days  
Effective date:  
\_\_\_\_ Immediately upon filing  
\_\_\_\_ Other (specify): \_\_\_\_\_

PROPOSED ACTION ON RULES

Action proposed:  
\_\_\_\_ New rule(s)  
☒ Amendment to existing rule(s)  
\_\_\_\_ Repeal of existing rule(s)  
\_\_\_\_ Adoption by reference  
Proposed final effective date:  
☒ 30 days after filing  
\_\_\_\_ Other (specify): \_\_\_\_\_

FINAL ACTION ON RULES

Date Proposed Rule Filed: \_\_\_\_\_  
Action taken:  
\_\_\_\_ Adopted with no changes in text  
\_\_\_\_ Adopted with changes  
\_\_\_\_ Adopted by reference  
\_\_\_\_ Withdrawn  
\_\_\_\_ Repeal adopted as proposed  
Effective date:  
\_\_\_\_ 30 days after filing  
\_\_\_\_ Other (specify): \_\_\_\_\_

Printed name and Title of person authorized to file rules: M. Earl Scales, Asst. Attorney General

Signature of person authorized to file rules: \_\_\_\_\_

OFFICIAL FILING STAMP



Accepted for filing by

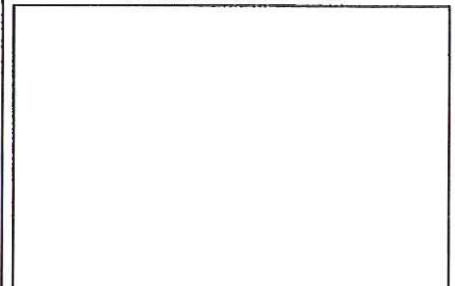
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.